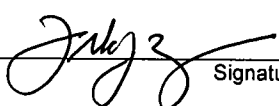


|   |            |   |          |
|---|------------|---|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2007</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional) 02307E-125510US    |          |
| Application Number 10/642,462   |            | Filed August 15, 2003                       |          |
| For COMBINATION THERAPY FOR CONTROLLING APPETITES   |            |   |          |
| Art Unit 1614   |            | Examiner Graffeo, Michel                    |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |          |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                                       | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050     | \$525                                       | \$ 525   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                       | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                      | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. |            |   |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |   |          |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |   |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,946</u>  |            |   |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |          |
| <br>_____<br>Signature   |            | _____<br>October 5, 2007<br>Date            |          |
| _____<br>Frank J. Mycroft, Reg. No. 46,946<br>Typed or printed name   |            | _____<br>(925) 472-5000<br>Telephone Number |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |   |          |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |          |